

DIGITAL

BOARDS



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digital**

NHS
Health Education England



Effectively embedding digital in your trust

APRIL 2023



BOARDS

PROGRAMME OVERVIEW

About us

This guide has been prepared jointly by NHS Providers and Public Digital as part of the [Digital Boards programme](#).

Digital Boards has been commissioned by Health Education England as part of their Digital Academy programmes and is supported by NHS England.

Through good practice sharing and peer learning, the programme aims to build board understanding of the potential and implications of the digital agenda and increase the confidence and capability of boards to harness the opportunities it provides.

Alongside [our guide series](#), a number of webinars and events are available to trust leaders, focusing on case studies of digital leadership in the NHS and other sectors and practical take-homes for boards. The programme also offers free board development sessions on a bespoke basis to reflect the development needs of your organisation. To find out more please [contact us](#).

EFFECTIVELY EMBEDDING DIGITAL IN YOUR TRUST

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INTRODUCTION

Since March 2020, the Digital Boards programme has engaged over 2,000 trust leaders across over 40 events and almost 100 bespoke board development sessions.

We've published numerous resources for trust leaders, including [six leadership guides](#) on the fundamentals of digital transformation for NHS boards. These publications include examples of good practice and advice from across the sector.

This final guide distils the key messages that have underpinned our programme along with the learning from three years of delivering the Digital Boards programme.

How to use this guide

This publication is not designed to be exhaustive. Instead, it provides a snapshot of what matters most when it comes to board leadership in key aspects of digital transformation, from digital strategy to making the most of electronic patient record systems (EPR).

As a busy board leader, you may want to refer to different chapters as you prepare for board meetings, signpost colleagues to specific content and case studies, or reflect on the questions posed throughout. For more information, please refer to our [previous publications](#).

Hear from NHS leaders what the top questions boards should ask about digital transformation should be:

VIDEO

Questions for boards

"It really is important to ask the questions that people are sometimes afraid to ask or haven't thought to ask. Whether that's as basic as understanding what acronyms stand for, or indeed whether it's about what the output is that we're trying to achieve. I don't need to be technical – I do need to understand what the benefit of the work that's being described is to the patient or the team here."

JOE HARRISON, CHIEF EXECUTIVE, MILTON KEYNES NHS FOUNDATION TRUST



Scan the QR code to watch a video of NHS leaders sharing the key questions that all board members can ask to assure themselves on digital transformation.

Defining digital – making sure you're aligned

Digital transformation requires fundamental changes which can only be driven by collective leadership of the whole board. But to do this, boards need to be aligned on what digital means. In our board development sessions, we use the following definition:



Applying the culture, processes, operating models and technologies of the internet era to respond to people's raised expectations.

Tom Loosemore, partner, Public Digital

Technology is important. But to achieve the service transformation any organisation needs to thrive in the internet-era, there's a lot more. The culture, the processes and form the organisation takes are equally important.

What this broad definition of digital makes clear is that responding to the consequences of such change is a job for the whole board and whole system.

Many of the most well known big IT project failures that you may have read about or seen in the media tend to have a particular root cause to their failure – they were given to the chief information officer (CIO), IT department, group of consultants or a single big outsourced supplier to worry about. Projects fail not because people are inadequate but because the rest of the organisation wash their hands of them. Delegating digital to one place – one executive, or one team, or one set of skills (or worst of all, one consultancy), will get you into trouble.

Digital is a collective responsibility for board leadership. Everyone on your board plays a vital role in making it happen – in delivering it, in creating the organisational culture, processes and operating models that allow it to be delivered.

Where are trusts now on the digital transformation journey?

Since our programme launched in 2020, trusts have made progress in a number of areas, but significant challenges remain:

- **Large strides were made during the pandemic, but leaders are anxious about letting progress slide backwards.** This includes the growth in remote and hybrid working, the expansion of other digital tools and increasingly more sophisticated and focused trust digital strategies.
- **More trusts are procuring and deploying EPR systems.** Over the last few years there have been a number of high-profile deployments across the provider sector. In December 2022, NHS England estimated that 181/211 trusts in England had some form of EPR in place, with the ambition for 90% of the sector to have implemented a system by December 2023.
- **Those already with EPRs are working hard to improve these systems.** By focusing primarily on usability and continuous investment, trusts are optimising their EPRs which is helping enable more efficient and safer care.
- **Expanding virtual wards.** Trusts are combining face-to-face delivery with new technologies to provide more care at home. Not only is this improving patient care, but both staff and patient feedback continues to be extremely positive.
- **Funding remains a significant constraint for many trusts.** Digital leaders are adept at working with what they have. However, insufficient funds have meant trusts have been unable to replace core infrastructure or legacy systems, while others have experienced delays in their EPR journey. Last year, it was thought the NHS England technology budget was **worth less than half the £2.1bn** originally allocated by the government in the 2021 Autumn Spending Review.
- **Staff burnout is slowing the pace of change.** Despite enthusiasm for digital, there remains limited bandwidth across the workforce. Clinicians struggle to carve out time in their day job and digital leaders continue to struggle to recruit and retain talent. To help address this, trusts are appointing clinical digital leaders and the momentum continues to build for further professionalisation of chief clinical information officers (CCIOs) and chief nursing information officers (CNIOs) as well as digital allied health professionals (AHPs).
- **Cyber remains a risk.** Another ransomware attack in 2022 showed the threat of cyber attacks has not gone away and underlines the importance of robust cyber security.
- **Capitalising on the establishment of integrated care systems (ICSs).** With systems placed on a statutory footing in July 2022, integrated care boards are finding their feet and trusts are now looking sideways to their partners to collaborate and align even further on digital.

Our learning

Foreword from Sir Julian Hartley, chief executive, NHS Providers

Throughout my time on trust boards, I've learnt that one of the key ways to drive value is through empowering people and teams. And this is certainly true for digital transformation.

Through our board sessions, interviews and events, the Digital Boards team have heard a number of common reflections from trust leaders on leading the digital agenda and empowering digital teams. These themes indicate progress is being made and that trust boards are increasing their digital confidence and capability:

- There is greater collective ownership of the digital agenda.
- Digital is becoming more integrated within wider strategies.
- Boards are building confidence in their assurance role. They are managing risk more strategically and getting to grips with the right questions to ask.
- Boards are getting closer to the digital user experience.
- Boards are recognising the importance of joining up their ambitions across the system.
- Boards are more confidently prioritising work.
- Trusts are investing in cross-functional multidisciplinary teams.
- Boards are exploring the connection between digital and improvement agendas.

Following the success of this work, and the launch of our new [Digital ICS programme](#), we set out eight broad themes for good digital leadership. You can read more about them in [this blog](#) written by Saffron Cordery, deputy chief executive at NHS Providers, and Dr Navina Evans, chief executive at Health Education England.

DIGITAL LEADERSHIP – UNDERSTANDING THE ROLE OF THE BOARD

The board has a collective responsibility for championing the digital agenda and will drive adoption of digital ways of working in your organisation and system.

Digital is much more than technology and IT. Digital means applying the culture, processes, business models and technologies of the internet era to respond to people's raised expectations.

This means that digital transformation relies on all of a trust's leaders, not just its IT and digital leaders. In practice, trusts need to demonstrate collective responsibility for digital transformation at board level for transformation to take place.

All board members need to be confident talking about digital and curious about its implications. Board leaders don't need technical expertise to make good decisions regarding digital transformation, but they do need to be confident in what digital means and why it impacts more than just your technology teams. In the same way as everyone is expected to contribute to the leadership of quality and finance, digital can't be left to one person or team.

Successful organisations really understand their users' needs. Ultimately, digital transformation is founded in deeply understanding the needs, behaviours and experiences of the people who use your services – both patients and staff. That means that leaders must centre the user experience when they are making decisions about how services are delivered.

Digital innovation is not invention. You can strengthen your leadership of digital transformation tremendously by sharing what you're doing, and learning from what others are doing or have done. This is even more important at system level where collaboration and building from the successes of others are crucial to progress. Equally – it's about being able to stop doing things. Both early on, in response to what your service users need, and later, in being able to switch things off that you no longer need. This is often incredibly hard for organisations to do.

Digital leadership is nothing without digital teams. And vice versa. Leaders need to build and enable empowered, multidisciplinary teams who use digital ways of working to achieve transformation in their organisations and services. In the system context, this is also likely to mean teams made up of people across different organisations. Read more about building digital teams [here](#).

Why confident digital leadership at board level is important

The introduction of new digital services can deliver multiple benefits; improved clinical outcomes, better patient and staff experiences, increased insight from better access to real time data right through to financial savings.

Boards play a crucial role in enabling and empowering teams to work well and deliver good services to patients and staff. Those services will all depend on some form of digital enabler – whether that is good user experience design, data, software or technology.

When boards collectively lead, prioritise and engage with the digital agenda, it can support real improvements in patient outcomes and staff experiences. On the other hand, poorly designed digital systems and services frustrate users, who then create workarounds in order to get the job done.

Hear from a trust leader

VIDEO

Digital leadership: Understanding the role of the board as digital leaders at Milton Keynes University Hospital NHS Foundation Trust



“The problem that we were trying to solve [...] was to ensure that every member of the board was engaged in this programme – that it didn’t sit with one individual. By breaking our programme into different areas like patient tech, clinical tech and infrastructure, we were able to spread that across the board table and get everybody involved.”

JOE HARRISON, CHIEF EXECUTIVE, MILTON KEYNES UNIVERSITY HOSPITALS NHS FOUNDATION TRUST

Scan the QR code to watch the full video of Joe Harrison sharing his reflections on the role of the board as digital leaders at Milton Keynes University Hospitals NHS Foundation Trust.

Common pitfalls

- Appointing a chief digital information officer (CDIO) and assuming that means that the rest of the board can step back. It is the board's collective responsibility to lead on digital.
- Parking digital to one side given limitations on funding and workforce. Digital ways of working can alleviate these pressures and improve both wellbeing and productivity.
- Learned helplessness. It can be easy to lose sight of a clear mission or outcomes when endless strategies, data and policies are requested, reviewed and submitted. Boards should not lose focus on why they are undertaking change and a test, learn and iterate approach can be helpful.

Questions to ask

When you come together as a board to discuss and debate digital transformation in your organisation, these key questions can help you assure your progress and decision-making:

- Do you have a shared understanding of what digital means beyond IT?
- How are you ensuring there is a collective responsibility for digital? Are senior leaders taking the same responsibility for the digital agenda as they do for quality and finance?
- How would you know what the barriers your staff and patients face every day are in using the trust's current digital services?
- How can you ensure that all business is seen through a digital lens rather than as a siloed agenda item on separate digital projects?
- Does your trust have a shared commitment and vision for digitally enabled health and care across its ICS? How is your trust supporting this? What are the opportunities to better align digital investment across the system?

To learn more, read our longer [guide on a new era of digital leadership](#) – in it you will find more about key success factors for digital transformation and lessons from other sectors.

Three more things you could read on this subject

- [What a digital organisation looks like](#) – Medium
- [Helping leaders understand digital](#) – Medium
- [Reflections: 12 months into Group CDIO role](#) – Medium

BUILDING AND ENABLING DIGITAL TEAMS

2

Trust boards are responsible for creating the conditions in which digital teams can thrive and be empowered, including designing governance and funding that supports digital teams to be their most effective.

The unit of delivery is the team. Digital teams are the cornerstone of building a truly digital organisation.

At its core, **a digital team is a multidisciplinary team.** They are fundamentally different to IT teams because they involve different skills, like product management, service design and agile delivery. Multidisciplinary in the digital (rather than clinical) sense means bringing together operational, clinical and digital staff to design and implement new digital solutions.

To be effective, **digital teams must work together in a stable and sustained way.** This means each member of the team having sufficient capacity to really engage in the work and for teams to be funded long-term – not just as project teams that end at go-live.

Digital teams require a different kind of governance and leadership. This means giving digital the same attention as finance or quality and focusing on outcomes rather than deliverables. Being able to test and learn and create short feedback loops requires leadership that creates trust and an environment where teams can learn from small experiments or changes. At board level this means thinking about the governance you put in place and how to use it to empower and enable. For example, how can you bring assurance into the team itself rather than in a distant gateway board, and empower the team to escalate to the board when risks are of strategic importance?

Common barriers to developing and sustaining digital teams are; **funding, recruitment, retention, capacity.** But trusts are exploring the ways they can overcome these.

Digital teams need **a mandate and the space to work differently**, particularly when they're just starting out. It is the board's role to create these conditions so that teams can deliver.

Why effective digital teams are important

The concepts of multidisciplinary, empowerment, and agility are now commonplace in clinical service delivery. Digital teams are no different – just as with clinical service delivery it's about putting the right set of diverse skills together in a team and allowing them to focus on delivering outcomes rather than outputs.

Traditionally however 'IT projects' have been given to the IT team or outsourced to suppliers to deliver, leading to poor patient and staff experience and decisions made that aren't based on the needs of the user.

An effective digital team will be empowered to make decisions, without going through layers of hierarchy and governance. They'll be able to deliver at pace and easily respond to the needs of users.

A sustainably funded digital team will be able to continuously improve the services they're providing – breaking the boom-and-bust cycle of one-off expenditure on systems and 'solutions', and supporting a long-term, strategic approach to the improvement of services enabled by digital technology.

Hear from a trust leader

VIDEO

Enabling digital teams across NHS trusts



"There is overwhelming evidence that diverse and inclusive teams are associated with better staff well-being, morale, innovation, creativity and performance.

So why wouldn't you want to have a diverse and inclusive team? If you care about patient safety and patient experience and staff well-being, then it's in your interest to develop as inclusive a team as you can."

DR SHERA CHOK, GP, TOWER HAMLETS;
TRUSTEE, ISLAND HEALTH TRUST; CHAIR AND CO-FOUNDER, THE SHURI NETWORK

Scan the QR code to watch the full video of Dr Shera Chok sharing her reflections on building digital teams.



"If you've got that passion, you've got that drive, you understand what the potential is, then it's creating the freedom for those people to get on and do the job that you've asked them to do."

LIZ DAVENPORT, CHIEF EXECUTIVE, TORBAY AND SOUTH DEVON NHS FOUNDATION TRUST

Scan the QR code to watch the full video of Liz Davenport sharing her reflections on enabling digital teams at Torbay and South Devon NHS Foundation Trust.

Common pitfalls

- Teams that are multidisciplinary in name only – vital members of the team are too busy to really focus on the work. Digital can't just be an add-on to the already overloaded day jobs of staff.
- Short-term teams that are funded as a project to deliver implementation not sustained improvement of a service.
- Prioritising funding of new technology products over funding sustainable teams that are focused on delivering improved services using digital as an enabler.

Questions to ask

When you come together as a board to discuss and debate the delivery of digital transformation in your organisation, these key questions can help you assure whether you are setting the right conditions for your digital teams to succeed:

- Who is designing your services and how? Are your digital teams bridging the traditional silos between digital experts with internet era skills, and clinical, operational, and support staff?
- Does your governance of digital transformation trust and empower, giving decision-making authority to teams so they can focus on delivering? Essentially does information flow to authority, or does authority flow to information?
- When did you last see or use a trust digital service yourselves? Can teams show you what they're working on, instead of telling you in a report?
- How are you collaborating across your system on sharing internet era skills, and enabling cross organisation multidisciplinary digital teams to solve problems for users?

To learn more, read our longer [guide to building and enabling digital teams](#) – in it you'll find more about recruitment, governance, and operating models.

Three more things you could read on this subject

- [Fusion Teams at Surrey and Borders Partnership NHS Foundation Trust](#) – NHS Providers
- [The agile advantage](#) – Open Access Government
- [Agile delivery](#) – GOV.UK

CREATING AN EFFECTIVE DIGITAL STRATEGY

3

All executive and non-executive board members should take responsibility for the digital strategy. Too often trusts delegate this to one team, or a set of consultants and fail to consider how integral digital is to the safe and effective delivery of care, and to the ability of staff to do their jobs well.

A good digital strategy doesn't stand alone; it is integrated. When you read it, it should be clear how it links to and enables what your organisation – and indeed your system – exists to do. This could be through doing existing activity more efficiently or through enabling new activity that could not be done before.

It will be **user-centred**, meaning that it is rooted in a deep understanding of the needs of your patients, service users and staff.

A good digital strategy is mainstream – **something that people can digest, remember and understand how to contribute to**. It should create alignment, empower people in your organisation, and ultimately be useful to your delivery teams. For example, **a good digital strategy will enable teams to make good decisions** that fit with your organisational goals.

It must also be **realistic** – helping you to **build trust and momentum** with your staff; acknowledging your current reality, what you've already delivered, learning from previous successes and failures and setting achievable goals goes a long way.

It also needs to be **focused and selective**. This means your digital strategy should make it clear what you're **not going to do**.

Why effective digital strategies are important

Without a clear strategy for your digital investment, you risk several things happening in your trust. You will almost certainly find that the number of digital technologies and systems you have increases, and the number of projects and programmes multiplies, and no-one will understand what you're focused on and what you're not.

As we have seen time and again over the course of the Digital Boards programme, the current funding models for digital (often capital, often short-term) mean that without an effective digital strategy trusts can get caught up in chasing the latest pot of money for investment, without a clear view of what they're trying to achieve.

Doing the hard work of building an effective digital strategy and ensuring digital is truly built into all your corporate strategies gives you the opportunity to examine where you are now, what's working and what isn't in terms of patient and staff experience, and where you most need to put your energies over the next few years. Technology can be used to create collaboration or block it, and this all starts with a strategy rooted in long-term thinking and system working. A good strategy gives you the evidence and compelling reasons to say no to things that aren't going to help you deliver against it.

Lastly, clearly articulating your vision and outcomes for how digital will enable transformation, and agreeing how you are going to communicate this to staff, partners, patients and the local population, helps build trust and engagement for the work – without which you will struggle to get buy-in for change. The act of digitally transforming your organisation requires significant bandwidth from your staff, and being clear on how your digital strategy relates to what your staff are there to do – namely, deliver safe and effective patient services – goes a really long way towards setting them up for change, and aligning everyone's efforts to help you get there faster.

During the development of our digital strategy I kept walking in the shoes of a newly qualified staff nurse on a Monday morning: would the strategy be meaningful to them? Will it mean they have access to equipment, health and wellbeing support, and the right training? [...] This is how I made it feel real.

Gill Green, director of nursing and governance,
Greater Manchester Mental Health NHS Foundation Trust

Hear from a trust leader

VIDEO

Creating an effective digital strategy: Shared board ownership of the digital strategy at Hertfordshire Community NHS Trust



“A good digital strategy [...] means that we have a clear view of how we’ll use digital to enable the delivery of our vision and our strategic objectives, keeping our staff and the patients we look after right at the heart of that strategic delivery.”

MARION DUNSTONE, CHIEF OPERATING OFFICER, HERTFORDSHIRE COMMUNITY NHS TRUST

Scan the QR code to watch the full video of Marion Dunstone and David Bacon sharing their reflections on creating an effective digital strategy at Hertfordshire Community NHS Trust.

Common pitfalls

- Digital strategies that are IT-driven, focus on technology and technical changes and often on unproven technology, rather than on the wider enablers of digital transformation. In other words, getting distracted by 'cutting edge' technology that is not so well evidenced, when really it would be far more useful to focus on getting the basics right.
- Digital strategies that are vague and cookie-cutter; it could apply to any organisation, and it doesn't include a tangible, measurable description of how things will be different when the strategy is delivered. Or worse, they read like a shopping list without demonstrating the trust's priorities and considering constraints, underestimating the resource and time required to implement.
- Digital strategies that are too long-term and not reviewed often. Technology moves quickly, and you need to be able to respond accordingly. More than a five-year time horizon won't allow you to do this effectively.

Questions to ask

When you come together as a board to review your digital strategy, these key questions can help you assure whether you are setting the right conditions for success:

- Do you know what digital services you are operating now and how they are performing?
- Do you understand your users and their biggest needs?
- What are you not prioritising in your digital strategy?
- Can you explain how your organisation's digital strategy aligns with your system strategy?
- Does your board understand what the impact of the strategy will be five years on?

To learn more, read our longer [guide to digital strategies](#) – in it you'll find more about what makes a good and bad digital strategy and how to go about designing one.

Three more things you could read on this subject

- [MoJ digital and technology strategy](#) – Justice Digital
- [Digital Transformation in 2013: The strategy is delivery. Again.](#) – Government Digital Service
- [Digital transformation starts with the right strategy](#) – NHS Providers

MAKING TECHNOLOGY DECISIONS

Technology plays a critical role in health and care today, with some arguing it is a key determinant of health, as better digital tools and access to real time health data enables the delivery of better care. However, we know from our work that trust leaders find themselves ill-equipped to make the right technology decisions that will enable their organisations and systems to collaborate and innovate.

Start by **asking what the trust is looking to achieve** before considering any technology solutions. You need a **clear vision** that flows from your overall strategy. This will help you avoid being distracted by shiny new technology that won't help you deliver your vision. Start these conversations early, before the business case stage is reached.

Focus on the data – what is it, how will you use and share it, how will you keep it safe? Too often this data layer gets less attention from leaders until it's too late.

Take the threat of cyberattacks seriously. Attacks on public sector organisations are increasing, and most attacks are opportunistic, using known techniques. No technology has a monopoly on security, it's down to how it is set up, the controls around it and – ultimately – how it is used by staff and patients. Doing nothing carries its own risk, for example not investing in new technology, relying on outdated legacy systems.

Make sure honest conversations about risk, failure and realistic mitigations are had early and often. Avoid the sunk cost fallacy or projects that become too big to fail. Smaller technology projects delivered incrementally with more flexible commercial terms is one of the best safeguards against this. Start small where possible, solving real problems, and test and learn before committing. Make sure your commercial teams are well briefed and understand the sorts of things you want to guard against in any longer-term contracts, and the consequences of not having that flexibility. Ideally you're already taking a multi-disciplinary approach to procurement, so that your commercial team is not working in isolation from your technical leadership.

Think about the decisions you need to make – some will have lower impact or can be **easily changed**. Some technology decisions will be one-way doors with longer-term consequences where you will need to build for flexibility, particularly making sure that you leave your options around data open for the future. Consider how you will work with your ICS, provider collaborative or place partners on these decisions, making sure you're putting appropriate focus on getting those decisions right.

Beware of fake 'commercial-off-the-shelf' (COTs) solutions. There's a lot of debate about buying vs building when it comes to technology decisions – in truth you will probably already have a mix of both, and continue to do so. Any system you buy will need to be configured to work within your technology and data ecosystem. Buy when it makes sense (where it's a known commodity like email, payments or cloud storage), consider building when it is not. The right answer to technology decisions changes over time as technology evolves.

Consider how you can **use technology decisions to further collaboration across the system**. Keeping the user front and centre of conversations will help drive the right

decisions. Look for quick wins to help level up organisations across your system – your system is only as strong as your weakest link. **Make sure your ICS and ICB colleagues are engaged on digital.**

Why making good technology decisions is important

Technology literacy is as important to leaders now as human resource, quality or finance literacy. It's part of the toolkit of a modern board leader because technology is a fundamental part of how organisations are run. When technology fails it can have a devastating impact on the trust's ability to deliver for its patients. But equally if the technology you rely on just isn't playing its part in helping you collaborate and improve services, it will be acting as an underlying barrier for change.

Finally, while technology is important – it's also important to remember that it's your wider operating model, ways of working and ability to design services to meet user needs that will determine the success of your digital transformation. A new piece of shiny new technology won't be the answer on its own.

Hear from a trust leader

VIDEO

Making technology decisions across Dorset



"If we were going to pursue quite a large capital investment, then [the board] might want to get into more of the detail than we would normally around the assurance question. One, to make sure we were buying a product that was fit for purpose and two, to make sure that we were absolutely offering value for money to the taxpayer. Also being assured around clinical risk, because you don't move forward with any of these decisions without being absolutely clear on clinical safety."

PATRICIA MILLER, CHIEF EXECUTIVE, DORSET INTEGRATED CARE BOARD

Scan the QR code to watch the full video of Patricia Miller sharing her reflections on making technology decisions from her time at Dorset County Hospital NHS Foundation Trust.

Common pitfalls

- Trusts who go after new sources of funding for specific technology, when that technology isn't what they need.
- Time spent discussing but ultimately not making a decision, where the risk of doing nothing isn't considered.
- A focus on the technology and the procurement/business case that doesn't answer key questions about the data layer and [interoperability](#).

Questions to ask

When you come together as a board to discuss your technology decisions, these key questions can help you assure whether you are setting the right conditions for success:

- Are we making the right technology investments? What principles are we using to guide our decisions?
- How does our approach to Electronic Patient Records (EPR) fit with our wider strategic organisation and system mission and goals?
- How usable and how safe is our data?
- What's our plan for both care and technology system integration?

To learn more, read our longer [guide to making technology decisions](#) – in it you'll find more about how to think about and how to set your organisation up for success.



These changes will not be achieved in a single leap. Our ambition is to build maturity over time.

Vision statement from the Great North Care Record

Four more things you could read on this subject

- [The Lancet and Financial Times Commission on governing health futures 2030: growing up in a digital world](#) – The Lancet
- [Board toolkit: five questions for your board's agenda on cybersecurity](#) – National Cyber Security Centre
- ["Fake COTS" and the one-day rule](#) – Sean Boots
- [Tackling the challenges of sharing data effectively in the NHS, and why it matters for NHS leaders](#) – NHS Providers

DIGITAL DELIVERY

5

Digital delivery should just be what trusts do now. It's the business of the whole leadership team, not just the chief clinical information officer's (CCIO), chief information officer's (CIO) or your chief digital officer's (CDO). Digital should be an underpinning principle of your trust's strategy. It cannot just be discussed when a business case is submitted to the board and as leaders it is important to understand the practical elements of delivery alongside the strategic vision.

Be proactive. Leaders need to create the case and environment for change, and then go out and actively find the resources to make it happen.

Plan for long-term, sustained resourcing. Good health systems are clinically led and data driven. Focus on investing in good infrastructure to take advantage of the data, train clinicians in digital skills and encourage them to be curious and ask the right questions. Invest in continued iteration and improvement of digital solutions – funding shouldn't end at a go-live date.

Prioritise. Prioritise. Prioritise. The less you do, the better you will be able to do it. Build in **regular prioritisation exercises** and create a culture and operating model, including the right governance processes that allows you to stop things when they are not working or don't add value. Reprioritising is a sign of a mature, learning organisation, so focus on explaining why. Smaller, shorter delivery cycles, regular checkpoints and shorter feedback loops to inform when an investment is working, and when course-correction is needed are all mechanisms that successful digital organisations use to make sure they are delivering the right outcomes, not against a plan.

Leaders need to create both **a clear digital strategy and an organisation that can deliver incremental, iterative improvements**. Beware of false quick wins, that don't join up with other services, or fit with your strategic goals. Equally, mega-projects that only deliver value at the end of a long development cycle risk disappointing your users and becoming too big to be allowed to fail.

The only digital service of value is one that is being used by staff and patients.

Delivering and demonstrating progress on a weekly basis is a good habit to build and will not only speed-up the realisation of benefits, but also reduce risks by helping to spot problems early on. Seeing regular progress also builds trust and excitement amongst staff, which in turns increases adoption.

Be an expert customer. Working with suppliers effectively requires your technical, clinical and commercial experts to work together, with a clear idea of the outcomes you want to achieve and the ability to build trusted, honest relationships. Often a trust's purchasing approach can be out-of-step with modern approaches to technology, so board leaders will need to think about the best contractual and commercial options. Mitigate the risks of dependency on a supplier by ensuring teams are asking good questions about for example how you will get data in and out of the system, and any guarantees about data standards.

Why getting delivery right is important

Most transformation investments are underpinned by digital. It's chief executives and their boards who set a tone for an organisation – that use of technology as an enabler is taken seriously and talked about at all levels of the organisation.

We also know that many digital technology projects 'go wrong' or fail to deliver the benefits we thought they might when we started. Focussing on how you deliver will help mitigate those risks and ensure that your transformation succeeds.

Robust business cases for investment are important but relying on these alone drives the wrong behaviours – a risk of optimism bias on benefits to 'make the case', and/or reducing implementation costs to make the numbers more attractive to decision makers.

As a board, creating the conditions and opportunities for continuous adaptive investment and delivery will enable your teams to focus on the outcomes not technical milestones.

Hear from a trust leader

VIDEO

Digital delivery at the Royal Free London NHS Foundation Trust



"All organisations now are digital. And whilst digital transformation isn't an end in itself, it is quite simply the way that we do business. And if you are trying to achieve a cultural and operational change, that is absolutely on the chief executive and the board to make sure that that happens. I think it is probably the most important set of transformational issues that chief executives can think about, and it's absolutely critical in the 21st century."

CAROLINE CLARKE, GROUP CHIEF EXECUTIVE, ROYAL FREE LONDON NHS FOUNDATION TRUST

Scan the QR code to watch the full video of Caroline Clarke sharing her reflections on digital delivery at the Royal Free London NHS Foundation Trust.

Common pitfalls

- Trusts focused solely on delivering to a plan, looking at implementation as the goal not at delivering the outcomes you want to achieve. Instead use impact not activity metrics to measure success that reinforces this behaviour.
- An optimism bias that means not enough resources, time or people are committed to delivery.
- A focus only on cost benefits, usually from the original business case, instead of a wider discussion about value and benefits of change, enabled by digital.
- A cycle of boom and bust, not iterative improvement – a commitment to large scale changes, with go-live dates far in the future, or a lack of investment and ‘sweating assets’, instead of a commitment to continuous iterative improvement and delivery.
- Trying to deliver too many things at once, due to lack of prioritising and not being able to say ‘no’.

Questions to ask

When you come together as a board to discuss delivery progress, these key questions can help you assure whether you are setting the right conditions for success:

- Do you talk about your users’ needs or the business’ requirements? If the former, are these based on educated guesses or a genuine understanding of user need?
- Can you clearly articulate the impact your digital investments will have on staff and patients?
- Do your funding, governance and procurement structures encourage incremental delivery and ongoing improvements?
- Are teams able to be honest about the risks involved in digital transformation?
- How are you working in your system to make the most of your opportunities and capacity for delivery?

To learn more, read our longer [guide to digital delivery](#) – in it you’ll find more about how to create the conditions for success in your trust.

Three more things you could read on this subject

- [Design and build digital services for the NHS](#) – NHS Digital service manual
- [NHS service standard](#) – NHS Digital service manual
- [Balance outcomes and outputs to align teams and minimise risk](#) – Public Digital

OPTIMISING YOUR EPR

Most trusts now have some form of EPR in place. Often the system has been implemented but is not delivering the full benefits possible. Optimising an EPR is about continuous improvement of the systems and processes that allow the right information to be recorded at the right time, making life easier for staff and care safer and better for patients.

EPR improvement programmes must be clinically driven. Clinical digital leaders (i.e. CCIO, CNIO, digital AHPs) play an important role in translating clinical needs into technical asks. But your clinical leaders also need to understand change and transformation as well as the basics of the underlying technology, to avoid simply digitising inefficient processes.

Plan for optimisation in the business case. EPR programmes do not end at the go-live date. Investing in resources for continuous improvement of the EPR, including multidisciplinary teams, will help ensure that the benefits promised in the original business case can be realised, and you can make the most of future benefits and opportunities you didn't identify in the original business case.

Look for opportunities for collaboration between partners and neighbours within your ICS or across system footprints. You bring more backing/firepower to the negotiation table with suppliers when providers come together and ask for change requests with one voice. How can you share resources, digital expertise and power of scale to move further faster? Standardise where possible and reduce unwarranted variation.



One of the things we have learnt is there are always going to be commonalities between trusts. When you start talking to other trusts you find they dislike a particular pain point as much as you do. So we've agreed that rather than us always doing our change requests individually, there are common requests that we can submit together. We all chip in and reduce the load.

Jon Yates, product manager – EPCR, London Ambulance Service NHS Trust

Usability is key. If the system doesn't make the lives of staff easier then well intentioned clinicians will develop workarounds and **shadow IT** to get their job done. Nothing else matters down the line if staff aren't using the system. **Do the simple things first**, for example reducing the number of clicks it takes to accomplish everyday tasks.

Why optimising is important

A well implemented and optimised EPR improves patient safety, staff satisfaction, patient flow and data quality. But this can only be achieved through continuous optimisation and investment in your EPR and the business changes needed. A poor EPR implementation, followed by a lack of investment in its ongoing development, can frustrate staff and create disillusionment. This in turn leads to poor usage and unsafe workarounds. In time this will negatively impact productivity and result in substandard data informing clinical and strategic decision making.

Hear from a trust leader

VIDEO

Optimising your EPR: Reflections from the EPR journey of Derbyshire Community Health Services NHS Foundation Trust



"The development of our electronic patient records, particularly around interconnectivity standards and the ability to move patient data from one clinical setting to another is where the real value and opportunity lies [...] And that's why we need to think more widely than just what's good for my trust and the digital offering that we've got. It's 'How do we form part of a system that allows the citizen who happens to cross all our boundaries to get the best effect?'"

JIM AUSTIN, CHIEF INFORMATION AND TECHNOLOGY OFFICER, DERBYSHIRE COMMUNITY HEALTH SERVICES NHS FOUNDATION TRUST; CHIEF DIGITAL INFORMATION OFFICER, JOINED UP CARE DERBYSHIRE ICS

Scan the QR code to watch the full video of Jim Austin sharing his reflections on the EPR journey of Derbyshire Community Health Services NHS Foundation Trust.

Common pitfalls

- Benefits realisation promises made in the original EPR business case that are unrealistic and out of date.
- Business cases that focus only on procurement and implementation, failing to recognise the sustained funding needed for optimisation and improvement.
- Overengineering of the EPR system – for example too many mandatory fields for staff to fill in – which reduces both usability and adoption, and therefore potential benefits.
- A lack of understanding at board level of the data flow into and out of your EPR, which makes the data less useful, less trusted and less shareable.
- EPR becomes the only priority when it comes to digital.

Questions to ask

When you come together as a board to discuss how your EPR can be improved, these key questions can help you assure whether you are setting the right conditions for success:

- What are the key issues your clinicians currently face when using the EPR? What is the organisation doing to address them?
- Is your board discussing your EPR as an investment opportunity rather than an ongoing cost?
- How is your EPR enabling your trust's organisational strategy? How can you help teams using the EPR reimagine the way they deliver services?
- Do you have a data plan that will help your trust to fully utilise information from your EPR both within your organisation and across your system?

To learn more, read our longer [guide to EPR optimisation](#) – in it you'll find more about how to create the conditions for success in your trust.

Three more things you could read on this subject

- *Design principles* – NHS Digital service manual
- *Moving toward a sociotechnical systems approach to continuous health information technology design: the path forward for improving electronic health record usability and reducing clinician burnout* – PMC
- *techUK explores results of NHS EPR usability survey* – Health Tech Newspaper

NEXT STEPS

This guide is designed to give board leaders a summary of the expert advice, guidance and peer learning produced by NHS Providers and Public Digital as part of the Digital Boards programme. Visit our [Knowledge Hub](#) to access a variety of additional digital resources for trust leaders.

Over the course of three years of the Digital Boards programme, we have identified eight broad themes for good digital leadership at board level. These build on the existing literature and methodologies, including NHS England's What good looks like framework. Combined, we think they describe digitally mature board leadership in the NHS. We are using these to measure impact across our work:

Theme	Standard	Indicators of progress
Outcomes	The board has a shared understanding of what digital means that goes beyond IT, and its importance as an enabler for key operational and strategic priorities.	<ul style="list-style-type: none"> ● Digital is being discussed as part of almost all strategic conversations. ● The board is aligned on a definition of digital that is broader than just IT.
Risk	The board has sufficient knowledge of digital working practices to take a proportionate approach to risks and opportunities.	<ul style="list-style-type: none"> ● Board members are increasingly conversant in the main benefits arising from digital transformation and take a proportionate approach to risk.
Assurance	The board is confident about how it gains appropriate assurance on digital and the delivery of its digital transformation programme.	<ul style="list-style-type: none"> ● Board members know what signs to look for to tell if the digital programme is on track. ● Boards are focused on outcomes not outputs. ● Board members are confident that the governance arrangements give the board the right visibility on risks and activity. ● Board members understand what is happening beyond the milestones in a board paper.
Advocacy	The board are ambassadors for digital change across the trust and drive engagement across different staff, patient and service user groups.	<ul style="list-style-type: none"> ● Board members are engaging at team level (for example attending show and tells, focus groups). ● Board members are providing visible leadership on the digital agenda, and supporting communications efforts.

Ownership	Board members keep focus on the need to take collective responsibility for the digital agenda and understand how it's integral to all board portfolios.	<ul style="list-style-type: none"> ● All board members are asking appropriate questions. ● The board can point to benefits that have been realised within different departments across the organisation.
Prioritisation	Digital is an integral part of the trust's strategy, with all board members clear on the trust's vision and investment priorities for digitally enabled health and care.	<ul style="list-style-type: none"> ● The board is saying no to things that aren't in the strategy. ● Board members can easily quote the trust/ICS's top digital priorities.
Users	The board has a relentless focus on the needs of patients, staff and service users.	<ul style="list-style-type: none"> ● Board members are going to see for themselves to understand patient and staff experience. ● Boards are asking for insights from the helpdesk or user testing. ● Boards are hearing patient stories relating to their digital experience.
Culture	Board members are empowering teams in the trust to experiment with new ways of working, creating and encouraging a 'digital first' approach.	<ul style="list-style-type: none"> ● The board is actively encouraging multidisciplinary teams of experts across digital, clinical and operations to work together. ● The board unblocks things for teams rather than slowing them down. ● The board can point to examples where the digital team has tried something new that didn't quite work, but then stopped it and learnt the lessons.

Useful links

For more information about [Digital Boards](#), and how to take advantage of the free development offer for your board, please contact digital.boards@nhsproviders.org.

Digital Boards Leadership guides in full

- 1 [A new era of digital leadership](#)
- 2 [Building and enabling digital teams](#)
- 3 [Building a digital strategy](#)
- 4 [Making the right technology decisions](#)
- 5 [Digital Delivery Principles](#)
- 6 [Making the most of your electronic patient record system](#)

During our conversations with trusts and system leaders, we've feedback about the need to provide support for Integrated Care Boards. We are pleased that our Digital ICS programme, now up and running and delivered in partnership with the NHS Confederation, is helping drive similar changes at a system level. [Please encourage your system leaders to take part and book a development session for their own board.](#)

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Interactive version

This report is also available in a digital format via:

www.nhsproviders.org/effectively-embedding-digital-in-your-trust

For more information

Please contact:

digital.boards@nhsproviders.org

NHS Providers is the membership organisation for the NHS hospital, mental health, community and ambulance services that treat patients and service users in the NHS. We help those NHS foundation trusts and trusts to deliver high-quality, patient-focused care by enabling them to learn from each other, acting as their public voice and helping shape the system in which they operate.

NHS Providers has all trusts in England in voluntary membership, collectively accounting for £104bn of annual expenditure and employing 1.4 million staff.



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